

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098611

1. Entity Name

UNITED EASTERN MORTGAGE CORPORATION ✓

Principal Place of Business

1100 N.E. 125TH STREET
SUITE #207
MIAMI FL 33161

Mailing Address

1100 N.E. 125TH STREET
SUITE #207
MIAMI FL 33161-5046

2. Principal Place of Business

same

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2201707

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSEMOND, SERGE
1100 N.E. 125TH STREET
SUITE #207
MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

none

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

none

none

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

XX

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	ROSEMOND, SERGE	
STREET ADDRESS	1100 N.E. 125TH STREET, SUITE #207	
CITY-STATE-ZIP	MIAMI FL 33161	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP	none	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP	none	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP	none	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP	none	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP	none	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP	none	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP	none	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP	none	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP	none	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP	none	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, title, all other like empowered.

SIGNATURE

SERGE ROSEMOND

4-27-01

305-899-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printing Name

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90361 004 ***150.00

DO NOT WRITE IN THIS SPACE